BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

59036-022

(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMA	THAN LENTITY
TOTAL CHARGEABLE CLAIMS Sominus 20	ER THAN L ENTITY ADDITIONAL
INDEPENDENT CLAIMS minus 3 = 7 MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-	ER THAN L ENTITY ADDITIONAL
* If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL * SMALL ENTITY OR *	ER THAN L ENTITY ADDI- TIONAL
* If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS * HIGHEST * HIGH	ER THAN L ENTITY ADDI- TIONAL
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-	ER THAN L ENTITY ADDI- TIONAL
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMA	ADDI- TIONAL
CLAIMS HIGHEST ADDI-	TIONAL
AFTER PREVIOUSLY FXTRA HATE HONAL RAT	FEE P
AFTER PREVIOUSLY EXTRA HATE TIONAL FEE	
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR STATE TOTAL PRESENT EXTRA Total * Minus *** = X40= OR X80	=
Independent Minus *** = X40= OR X80	:
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270	=
· '*'= IOD	TAL
ADDIT. FEE ADDIT. (Column 1) (Column 2) (Column 3)	Ę
CLAIMS HIGHEST ADDI	ADDI-
REMAINING NUMBER PRESENT RATE TIONAL RATE AMENDMENT PAID FOR FEE	
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR TOtal Total Minus ** = X\$9= OR X\$18	
Independent • Minus • X40= OR X80	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
+135= OR +270	
TOTAL OR ADDIT.	TAL EE
(Column 1) (Column 2) (Column 3)	
CLAIMS REMAINING AFTER AMENDMENT Total Total Total Minus ** Minus ** Minus ** Minus ** Total Indep ndent * Minus ** Minus ** Minus ** Minus ** Minus ** Total	ADDI- TIONAL FEE
Total * Minus ** = X\$ 9= OR X\$1	
Indep ndent + Minus +++ = X40= OR X80	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.	
** If the entry in column 1 is less than the intry in column 2, write "or in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is I so than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	TAL